

FCIC/NCIC CHECK YES ☒ NO ☐

OSTB Number

ARREST/NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT/
JUVENILE REFERRAL

Agency ORI Number
FLOI 0 0 5 0 0 0 0

Agency Name

Brevard County Sheriff's Office

Charge Type

Check as many as apply

1. Felony

2. Traffic Felony

3. Misdemeanor

4. Traffic Misdemeanor

5. Ordinance

6. Other

Location of Arrest (Include Name of Business)

2575 N Courtney Parkway, Merritt Island

Date of Arrest

0 1 1 9 0 7

Date of Offense

0 1 1 6 0 7

Time of Arrest

1 0 4 5

BCSO Date

BCSO Time

Jail Date

Jail Time

DOC Number

FBI Number

Identification Only

Criminal

AFIS

By

Name (Last, First, Middle)

Townson, Michael Shane

Race

W-White

I-American Indian

O-Oriental/Asian

W

Sex

M

Date of Birth

1 0 1 2 6 9

Height

510

Weight

165

Eye Color

Blue

Hair Color

Brown

Complexion

Medium

Build

Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Multiple tats all over body

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

()

Permanent Address (Street, Apt. Number) or Parent's Name if Juv.

(City)

(State)

(Zip)

Phone

()

Business Address (Name, Street) or Parent's Address if Juv.

(City)

(State)

(Zip)

Phone

()

Drivers License State Number

FL/T525557693720

Social Security Number

[REDACTED]

INS Number

Place of Birth

Orlando, FL

Citizenship

U.S.

Co-Defendant Name (Last, First, Middle)

N/A

Co-Defendant Name (Last, First, Middle)

N/A

Activity

N. N/A

S. Sell

B. Buy

P. Possess

T. Traffic

R. Smuggle

D. Deliver

E. Use

K. Dispense/Distribute

M. Manufacture/Produce/Cultivate

Z. Other

Type

N. N/A

A. Amphetamine

B. Barbiturate

C. Cocaine

E. Heroin

H. Hallucinogen

M. Marijuana

O. Opium/Dark

P. Paraphernalia/Equipment

S. Synthetic

U. Unknown

Z. Other

Charge Description

1st Degree Murder

Activity

N

Drug Type

N

Amount/Unit

N

PC

Copies

AC

BW

FW

PW

Juv. PU

Citation

Charge Description

Activity

Drug Type

Amount/Unit

Bond Amount

Court Number

Date Issued

Writ. Att.

Domestic Viol. Inj.

Order of Arrest

Counts

F.S. Ord.

Statute Violation Number

Violation of Section (ORD)

Activity

Drug Type

Amount/Unit

Bond Amount

Court Number

Date Issued

Writ. Att.

Domestic Viol. Inj.

Order of Arrest

Counts

F.S. Ord.

Statute Violation Number

Violation of Section (ORD)

Activity

Drug Type

Amount/Unit

Bond Amount

Court Number

Date Issued

Writ. Att.

Domestic Viol. Inj.

Order of Arrest

Counts

F.S. Ord.

Statute Violation Number

Violation of Section (ORD)

Activity

Drug Type

Amount/Unit

Bond Amount

Court Number

Date Issued

Writ. Att.

Domestic Viol. Inj.

Order of Arrest

Counts

F.S. Ord.

Statute Violation Number

Violation of Section (ORD)

The undersigned certifies and swears that he she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law
On the 16 day of January 20 07 at 1:00 [] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

While at the residence of 3324 Virginia Drive, Titusville, Florida, the defendant and the victim were eating lunch when the victim made a statement upsetting the defendant. The defendant became enraged at a comment made by the victim and retrieved a large metal pipe from inside the residence. The defendant picked up the pipe and approached the victim while continuing to speak to her. The defendant asked if the statement she had made was true. Prior to the defendant striking the victim, the victim stated that she was sorry. The defendant then stood over the victim as she sat on a couch and repeatedly struck her in the head with the pipe. The victim was struck at least twelve times in the head by the defendant, which caused her death. No other injuries were discovered to the victim during the post mortem examination. The victim's injuries were focused to the her head. The defendant wrapped the victim's head in a blanket and hid her body under a pile of clothing inside the laundry room of the residence. The defendant further moved some of the bloody clothing to other areas of the residence. The defendant then fled from the residence by driving the victim's vehicle to the Orlando area and where he smoked crack cocaine throughout the night.

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or miles @ _____ per mile for a total of \$ _____ Affidavit enclosed Y [] N [] Continued for: Narrative [] Charges []

Mandatory Appearance In Court

Location (Court, Room Number, Address)

Time

Month

Day

Year

Time

[] A.M. [] P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.

Signature of Defendant, Juvenile

Signature of Juv. Parent/Custodian

Release to (Name)

Date

Time

[] Miranda

Warning

Hold for Other Agency

Name

Verified By

Date

Bonding Agency

Bond#

Amount

Bond#

Amount

Returnable Court Date

Returnable Court Time

[] A.M. [] P.M.

Court Location

Page 1 of 2

Page 2

COURT FILE

STATE ATTORNEY

SHERIFF'S RECORDS

JAIL

LAW ENFORCEMENT

DEFENDANT'S COPY

Clerk 127

NARRATIVE Continuation Page 2 of 2

AGENCY REPORT NO.
07-016239

OBTS NO.

DEFENDANT/JUVENILE:

Case Number				County		State Violation Number		Violation of Section (ORD)		
Case	Case Type	Arrest/Time	Arrest/Time		Case Number	Case Number				
<input type="checkbox"/> PC	<input type="checkbox"/> Civil	<input type="checkbox"/> AG	<input type="checkbox"/> FW	<input type="checkbox"/> FW	<input type="checkbox"/> FW	<input type="checkbox"/> JW	<input type="checkbox"/> PU	<input type="checkbox"/> Caution	Date Issued	
Charge Description					Date Issued		<input type="checkbox"/> Writ AR	<input type="checkbox"/> Domestic Viol. Inj.	<input type="checkbox"/> Order of Arrest	
Charge Description					County		State Violation Number		Violation of Section (ORD)	
Case	Case Type	Arrest/Time	Arrest/Time		Case Number	Case Number				
<input type="checkbox"/> PC	<input type="checkbox"/> Civil	<input type="checkbox"/> AG	<input type="checkbox"/> FW	<input type="checkbox"/> FW	<input type="checkbox"/> FW	<input type="checkbox"/> JW	<input type="checkbox"/> PU	<input type="checkbox"/> Caution	Date Issued	
Charge Description					Date Issued		<input type="checkbox"/> Writ AR	<input type="checkbox"/> Domestic Viol. Inj.	<input type="checkbox"/> Order of Arrest	

The defendant and victim's vehicle were located by the Orlando Police Department. During a post miranda interview, the defendant provided further details of the incident which were corroborated by the evidence found at the scene.

Officer's Signature

Officer's Name **PRINTED**

COURT FILE

STATE ATTORNEY

SHERIFF'S RECORDS

JAIL

LAW ENFORCEMENT

DEFENDANT'S COPY

NOTICE: PROPERTY SEIZED AS EVIDENCE IN THIS CASE WILL BE TURNED OVER TO APPROPRIATE COURT WILL BE
DISPOSED OF IN ACCORDANCE WITH THE RULES OF COURT, UNLESS CLAIMED BY OWNER.
FOUND/STOLEN/ABANDONED OR SAFEKEEPING PROPERTY, UNLESS CLAIMED BY OWNER, WILL BE
DISPOSED OF IN ACCORDANCE WITH THE RULES OF COURT, UNLESS CLAIMED BY OWNER.

**BCSO IN-HOUSE
PROCESSING
REQUEST**

**LFP LATENT FINGERPRINT
PROCESSING
PBT PRESUMPTIVE BLOOD TESTING
SNR SERIAL NUMBER RESTORATION**

FOOL MARK EVIDENCE
TRACE EVIDENCE COLLECTION

OTHER:

ADDRESS:

3324 Virginia Dr. T. Tusville M
ADDRESS:

PHONE:

HOME:

BUSINESS:**PHONE**

HOME:

BUSINESS

SIGNATURE FROM WHOM PROPERTY TAKEN:

IMPOUNDING DEPUTY/AGENT ID NO./DIVISION

James K. Owen #404 NF
PRINT NAME OF IMPOUNDING DEPUTY/AGENT

VEHICLE STORAGE IMPOUND INFORMATION

LIST DAMAGE TO VEHICLE AND PARTS MISSING:

REASON VEHICLE TOWED:	NAME OF WRECKER SERVICE:	LOCATION VEHICLE STORED:
-----------------------	--------------------------	--------------------------

<input type="checkbox"/> HOLD	<input type="checkbox"/> LAB EXAM	<input type="checkbox"/> LATENT PRINT	DEPUTY/AGENT WHO MAY AUTHORIZE VEHICLE'S RELEASE:
<input checked="" type="checkbox"/> RELEASE TO OWNER <input type="checkbox"/> OTHER:			

SIGNATURE TOW TRUCK OPERATOR:

DEPUTY/AGENT SIGNATURE/ID NO.: